### State of Connecticut Electronic Filing Test Package Tax Year 2004

## State changes are bolded

Form: CT-1040

Test: 400-00-5702

Based off Federal Test: 400-00-1028

Name: Test O Macdonald

Home Address: (1 FIRST STREET APT 3)
City, State, and Zip: (HARTFORD CT 06105)

Form W-2 #1:

b. Employers identification number: (42-8765421)

c. Employers name address and Zip Code: (TURNIP TRUCK PRODUCE)

f. Employees address and Zip code: (1 FIRST STREET APT 3)

(HARTFORD CT 06105)

Box 15 State and State ID Number: (CT 0073038-000)

Box 16 State Wages: (30000)
Box 17 State Income tax withheld: (224)

Form W-2 #2:

b. Employers identification number: (42-6651220)c. Employers name address and Zip Code: (PACK AND MOVE)

f. Employees address and Zip code: (1 FIRST STREET APT 3)

(<u>HARTFORD CT 06105</u>)

Box 15 State and State ID Number: (CT 1122334-000)

Box 16 State Wages: (7967) Box 17 State Income tax withheld: (26)

#### **DIRECT PAYMENT INFORMATION**

ROUTING NUMBER: 211977197

BANK ACCT NUMBER: 12345678901234567

BANK ACCOUNT TYPE: CHECKING

**REQUESTED PAYMENT DATE: 04/15/2005** 

~	
lip Check or Money Order here (Do Not Staple).	Do Not Attach W-2, W-2G, or 1099 Forms.
$\equiv$	

0401100011						20			_
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# Form CT-1040 - 2004

## Connecticut Resident Income Tax Return

Other taxable year, beginni	ing:			2004	and ending:	:		
400005702	40000	5751	S	Y	MFJ/QW	MFS	НН	
TEST	Ο	MACDONAL	'D					
DAISY		MACDONAL	'D			No	forms next year.	
1 FIRST ST						For	m CT-2210 require	d.
APT 3								
HARTFORD		CT 06	5105					
<ol> <li>Federal adjusted gross Line 4; or federal Telefi</li> <li>Additions to federal adj</li> <li>Add Line 1 and Line 2</li> <li>Subtractions from fede</li> </ol>	ile, Line I) justed gross	s income (from Sc	chedule from Sche	1, Line 39	9) Line 50)	21; Form 1040EZ,	2. 3. 4.	1462 750 2212 188 2024
<ol> <li>Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)</li> <li>Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X)</li> <li>Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)</li> <li>Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)</li> </ol>						5. 42 6. 7. 8.	460 460	
<ol> <li>Connecticut Alternative</li> <li>Add Line 8 and Line 9.</li> <li>Credit for property taxe</li> <li>Subtract Line 11 from L</li> </ol>	es paid on yo _ine 10 lf les	our primary residences than zero, ente	ence and er "0.")		or vehicle (from S	Schedule 3, Line 68	9. 10. ) 11. 12. 13.	460 284 176
13. Adjusted Net Connectic 14. Connecticut Income 1 15. Individual Use Tax (Fro 16. Total Tax (Add Line 14	<b>Tax</b> (Subtrac om Schedule	ct Line 13 from Line 4, Line 69) If no	ne 12. If	f less tha		·.")	13. 14. 15. 16.	176 120 296

Sign Here Keep a copy for your records.

• 400005702

			m Line 16 (7	•					17.	296
	W-2, W			ication Infor		ion (only enter if	Connecticut ir			
		Column		0		Column B	-1.		lumn C	Pd. L. L.
	Employe	r Identifica	tion Numbe	er Conne	ectic	ut Wages, Tips, E	=tc.	Connecticut In	come lax v	/ithneid
18a.	4	28765	421	•		30000			224	
18b.		266512		•		7967			26	
18c.	_	20051	220	•		, , , , , ,			20	
18d.				•						
18e.										
18f.										
18g.				•						
18h.	Enter add	litional Con	necticut with	nholding from	Sch	edule CT-1040Wh	H, Line 3.	18h.		
19 Total	Connect	icut Incom	o Tay With	<b>hold</b> (add tha	ame	ounts in Column C	and ontor he	aro)	18.	250
				,		s applied from a p		16)	19.	250
						extension of time to			20.	
			es 18, 19, aı		101 6	Aterision of time to	o ilie)		21.	250
Z1. IOtal	ayınıcıı	is (Add Lill	es 10, 19, ai	110 20)					21.	250
22. <b>Over</b>	payment	(If Line 21	is more thar	n Line 17, sub	tract	Line 17 from Line	21.)		22.	
23. Amo	unt of Line	e 22 you wa	ant applied t	to your 2005	estii	mated tax			23.	
Contribu	tions	24a. A	ιR			24b. OT		2	24c. ES/W	
		24d. B	BCR			24e. SNS				
25. <b>Refu</b>	<b>nd</b> (Subtr	act Lines 2	3 and 24 fro	m Line 22)		(add amounts fro		- 24e)	24.	VVVVVVVVV
For fa	aster retur	nd, choose	Direct Depo	osit and compl	lete I	_ines 25a, 25b, ar	nd 25c.		25.	XXXXXXXX
25a. Acct	. Туре	Χ Ck.	X Sv.	25b. Rout.	#	XXXXXXXX	X 25c. A	cct. # XXXX	XXXXXX	XXXXXXX
26. <b>Tax I</b>	Oue (If Lir	ne 17 is mo	re than Line	e 21, subtract	Line	21 from Line 17)			26.	46
27. If Lat	e: Enter F	Penalty (Mu	ultiply Line 2	6 by 10% (.10	)))				27.	
28. If Lat	e: Enter I	nterest (Mu	ultiply Line 2	6 by number	of mo	onths late or fracti	on thereof, th	en by 1% (.01))	28.	
29. Interes	est on und	lerpayment	of estimate	d tax (From F	orm	CT-2210. See ins	structions, pa	ge X)	29.	
30. Total	Amount	<b>Due</b> (Add I	Lines 26 thro	ough 29)					30.	46
and, to the	best of my urn to DRS	knowledge is a fine of no	and belief, it is ot more than \$5	s true, complete 5,000, or impris	e, ànd onme	luding any accompa I correct. I understar ent for not more than on of which the prepa	nd the penalty for five years, or b	or willfully delivering oth. The declaration	i	
Your Sign	nature						Date		Daytime Tele	ephone Number
•							•		•	
Spouse's	Signature (i	f joint return)					Date		Daytime Tel	ephone Number
•							•		•	
Paid Pre	parer's Signa	ature				Date	Telephone Nu	ımber	Preparer's S	SN or PTIN
•						•	•(828)	524-2922	P.	20000441
Firm's Na	ame, Address	s, and ZIP Cod	de						FEIN 5.6	-1494243
•									70	
	rd Party nee's Name	Designe	e - Complet	te the following		ou wish to authori phone Number	ze DRS to co	ntact another per Personal Identifica		
					1			1		

Schedule 1 - Modifications to Federal Adjusted Gross Income			
31. Interest on state and local government obligations other than Connecticut		31.	
32. Mutual fund exempt-interest dividends from non-Connecticut state or mun		32.	
33. Special depreciation allowance for qualified property placed in service duri	-	33.	750
34. Taxable amount of lump-sum distributions from qualified plans not include	d in federal adjusted gross		
income		34.	
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if great	er than zero)	35.	
36. Loss on sale of Connecticut state and local government bonds		36.	
37. Allocated for future use	•	37.	
38. Other - specify ●		38.	
39. <b>Total Additions</b> (Add Lines 31 through 38) Enter here and on Line 2.		39.	750
40. Interest on U.S. government obligations		40.	
41. Exempt dividends from certain qualifying mutual funds derived from U.S. of	government obligations	41.	
42. Social Security benefit adjustment (See Social Security Benefit Adjustmen	t Worksheet, page X)	42.	
43. Refunds of state and local income taxes		43.	
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities		44.	
45. Special depreciation allowance for qualified property placed in service dur	ing the preceding year	45.	188
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less	than zero)	46.	
47. Gain on sale of Connecticut state and local government bonds		47.	
48. Allocated for future use	•	48.	
49. Other - specify (Do not include out of state income)●		49.	
50. <b>Total Subtractions</b> (Add Lines 40 through 49) Enter here and on Line 4.		50.	188
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions			
51. Modified Connecticut adjusted gross income		51.	
	Col. A	Col. E	3
52. Enter qualifying jurisdiction's name and two-letter code 52. ●	•		
53. Non-Connecticut income included on Line 51 and reported on a qualifying			
jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X)	53.		
54. Divide Line 53 by Line 51 (May not exceed 1.0000)	<b>5</b> 4. •		
55. Income tax liability (Subtract Line 11 from Line 6)	55.		
56. Multiply Line 54 by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction (See instructions, Page X)	57.		
58. Enter the lesser of Line 56 or Line 57	58.		
59. Total credit (Add Line 58, all columns). Enter here and on Line 7.		59.	

## Schedule 3 - Property Tax Credit Worksheet

	30	nedule 3 - Froperty Tax	Cledit Worksi	eet		
Qualifying Prop	erty	Primary Residence		Auto 1	Α	uto 2
Name of Connecticut Description of Propert		•		LIMANT O1FORD		LIMANT OVOLVO
List or Bill Number Date(s) Paid		•	• 07	/31/04	• 7/	31/04
Amount Paid	60		61.	184	62.	100
63. Total Property Tax Pai	d (Add Lines 60, 61	, and 62.)			63.	284
64. Maximum property tax	credit allowed				• 64.	3 5 0
65. Enter the lesser of Lin	e 63 or Line 64.				• 65.	284
66. Enter the Property Tax	Credit Limitation Dec	cimal Amount (If zero, ente	er amount from Li	ne 65 on Line 68	3.) • 66.	0.00
67. Multiply Line 65 by Lir 68. Subtract Line 67 from Schedule 4 - Individual Us	Line 65. Enter here	e and on Line 11.			• 67. 68.	284
Column A	Column B	Column C	Column D	Column E	Column F	Column G
• 10/5/04	COAT		2000	120	0	120

Total of individual purchases under \$300 not listed above

69. Individual Use Tax • 69. 120

Make your check or money order payable to: "Commissioner of Revenue Services"  To ensure proper posting, write your SSN(s) and "2004 Form CT-1040" on your check or money order.						
Mail to:	For refunds and all other tax forms without payment:	For all tax forms with payment:				
	Department of Revenue Services	Department of Revenue Services				
	PO Box 5002	PO Box 2935				
	Hartford CT 06102-5002	Hartford CT 06104-2935				

Label Label   Compare   Section   S	<b>1040</b>		rtment of the Treasury—Internal Revenue Servenue Servenue Tax Retu		(00)	IDO III O-			anta la Mala ancas	
Vour first name and initial   Last name   Vour social security number   Vour social security n	1010				(99) 4, ending		y—Do not		· · · · · · · · · · · · · · · · · · ·	
Total number of exemptions claimed   Last.name   Spouse's social security number on page 18.   Home address (humber and street). If you have a P 0 200, see page 16.   Apt. no.   Important!   You must enter or type, Presidential Election Campsin   Do you, or your spouse if filing a joint return, want \$8 to go to this fund?   You must enter your SNN(s) above.   You Spouse   See page 18.   Total number of exemptions claimed   Total number of exemptions   Total number of exemptions   Total	Label	_		<u> </u>	, <u> </u>	· · ·				ber
The content of the										
Home address (number and steed), if you have a £ 0 best, see page 16.	on page 16.)	If a	joint return, spouse's first name and initial La	st name				Spouse's	social security n	ıumber
please print or type.  Presidential Election Campaign (See page 16)  Note. Checking "Yes" will not change your tax or reduce your refund.  Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund?  I Single page 16)  Note. Checking "Yes" will not change your tax or reduce your refund.  Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund?  I Single Tilling Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  Exemptions  Filing Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Coalifying widow(er) with dependent child (see page 17)  Filing Status  I more than four dependents.  C Dependents:  C Dependents:  (1) First name  Last name  C Dependents:  (1) First name  C Dependents:  (1) First name  C Dependents:  (2) Dependents  (1) First name  C Dependents:  (2) Dependents  (3) Rependents  (4) First name  (4) First name  (5) Coulifying widow(er) with dependent child (see page 17)  First name  C Dependents:  (1) First name  C Dependents:  (1) First name  C Dependents:  (2) Dependents  (3) Rependents  (4) First name  C Dependents:  (1) First name  C Dependents:  (1) First name  C Dependents:  (1) First name  C Dependents:  (2) Dependents  (3) Rependents  (4) First name  C Dependents:  (4) First name  C Dependents:  (5) Coulifying widow(er) with dependent child (see page 18)  Dependents on 6:  On Children  Add numbers on first name  Add nu	label.	Но	me address (number and street). If you have a P.	O. box, see page 16.		Apt. no.		▲ Ir	nportant!	
Blacton Campaign   Note. Checking "Yes" will not change your tax or reduce your refund.	please print R	Cit	v, town or post office, state, and ZIP code. If you	have a foreign addre	ess, see pag	e 16.				١.
Do you, or your spouse if filling a joint return, want \$3 to go to this fund?			Note Charling "Va" will be become					You	Spous	se
Filing Status  Check only  Married filing perparately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  compendents.  compendents.  (2) Opendents. (3) Dependents. (1) First name. Cast name						d?	. •	Yes	□No □Yes	No
Check only one box.    Married filing separately. Enter spouse's SSN above and full name here.	Eilin o Otatan	1	Single	4	<b>↓</b> ☐ Head	of household	d (with q	ualifying p	person). (See page	e 17.) If
and full name here. ▶ 5 □ Qualifying widow(er) with dependent child (see page 17)  Fare Spouse. Spous	Filing Status	2	Married filing jointly (even if only one ha	d income)				hild but n	ot your dependen	t, enter
Exemptions    Figure		3						dopondo	ent child (see pas	70 17)
Spouse   C   Dependents   C   Depende	one box.	60				, ,	er) with	ÌΕ	Boxes checked	je 17)
c Dependents: (1) First name  (2) Dependents: (2) Dependents: (3) Dependents: (4) If unushing relationship to your prelationship to	Exemptions							(		
If more than, four dependents, see page 18.		С						fying o	n 6c who:	
If more than four dependents, see page 18.  Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  If you did not get a W-2, see page 19.  If you did not get a W-2, see page 19.  If you did not get a W-2 here. Also attach see page 19.  If you did not get a W-2 here. Also attach see page 19.  If you did not get a W-2 here. Also attach see page 20)  If you did not get at W-2 here. Also attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did not get attach see page 20)  If you did n			(1) First name Last name						•	
Income  4 Total number of exemptions claimed  4 Total number of exemptions claimed  5 Wages, salaries, tips, etc. Attach Form(s) W-2  8a Taxable interest. Attach Schedule B if required  8b Saa  6 Ordinary dividends. Attach Schedule B if required  8a Saa  6 Ordinary dividends. Attach Schedule B if required  8 Doublifed dividends (see page 20)  8 Doublifed dividends (see page 20)  9 Doublifed dividends (see page 20)  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)  11 Alimony received  12 Susiess income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here □  14 Other gains or (losses). Attach Form 4797  15 Inatable amount (see page 22)  16 Pensions and annuities  16 Pensions and annuities  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  18 Pensions and annuities  19 Unemployment compensation  19 Unemployment compensation  20 Social security benefits  21 Educator expenses (see page 28)  22 Educator expenses (see page 28)  23 Educator expenses (see page 28)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  21 Intition and fees deduction (see page 29)  22 Health savings account deduction. Attach Form 8889  23 Educator expenses (see page 28)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 IRA deduction (see page 29)  26 Student toan interest deduction (see page 29)  27 Tuition and fees deduction (see page 29)  28 Health savings account deduction. Attach Form 8889  29 Moving expenses. Attach Form 3903  29 Moving expenses. Attach Form 3903  29 Moving expenses. State Bernoloved SE  30 One-half of self-employed health insurance deduction (see page 30)  31 Self-employed Sep SiMPLE, and quali				1 1						
Add numbers on   Add								(5	see page 18)	
Income				1 1						
Income		d	Total number of exemptions claimed							
Attach Form(s) W-2 here. Also attach Formation W-2G and 1099-R it tax was withheld.  10 Tax-exempt interest. Do not include on line 8a		7	•							
We2-here. Also attach Forms We2- here. Also attach Forms We3- here. Also attach Forms We3- here. Also get a W-2, see page 19.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Adjusted Gross Income  4	Income	8a	Taxable interest. Attach Schedule B if rec	quired				8a		<u> </u>
attach Forms W-2Q and 1099-Ri rif tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10 11 11 11 11 11 11 11 11 11 11 11 11	Attach Form(s)	b	Tax-exempt interest. Do not include on li	ne 8a	8b					
W-2G and 1099-R if tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)  11 Alimony received  12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required, check here □  13 If you did not get a W-2, see page 19.  15a IRA distributions 15a   b Taxable amount (see page 22)  15a Pensions and annuities 15a   b Taxable amount (see page 22)  15a Pensions and annuities 15a   b Taxable amount (see page 22)  15b Isa Pensions and annuities 16a   b Taxable amount (see page 22)  15b Isa Pensions and annuities 17c Pensions, S corporations, trusts, etc. Attach Schedule E 17c Pensions and annuities 17c Pensions Pensions Pensions Pensions Pensions, Attach Schedule F 17c Pensions		9a	Ordinary dividends. Attach Schedule B if r	required				9a		
Adjusted Gross   Adjusted Gross   Add unes   See   Adjusted Gross   Add unes   Adjusted Gross   Adjusted			` ,					10		
12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here □  14 Other gains or (losses). Attach Form 4797 see page 19.  15a IRA distributions  15b Taxable amount (see page 22)  15b Taxable amount (see page 22)  16c IRA distributions  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  18 persions and annuities  19 Unemployment compensation  19 Unemployment compensation  19 Unemployment compensation  20a Social security benefits  20a Unter income. List type and amount (see page 24)  21 Add the amounts in the far right column for lines 7 through 21. This is your total income  22 Educator expenses (see page 26)  23 Educator expenses (see page 26)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 IRA deduction (see page 28)  26 Student loan interest deduction (see page 28)  28 Health savings account deduction. Attach Form 8889  29 Moving expenses. Attach Form 3903  30 One-half of self-employment tax. Attach Schedule SE  31 Self-employed health insurance deduction (see page 30)  32 Self-employed SEP, SIMPLE, and qualified plans  33 Penalty on early withdrawal of savings  34 Alimony paid b Recipient's SSN ▶  35 Add lines 23 through 34a  35 Add lines 23 through 34a				e and local incom	e taxes (se	e page 20)				+
13	was withheld.		•							+
14   Other gains or (losses). Attach Form 4797   15a   IRA distributions   15a     15a       b   Taxable amount (see page 22)   16b   Taxable amount (see page 22)   17c   Taxable amount (see page 22)   17c   Taxable amount (see page 24)   17c   Taxable amount (see pa			` ,				ĊП	13		
See page 19.  16a Pensions and annuities 16a b Taxable amount (see page 22) 16b  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  18 Farm income or (loss). Attach Schedule F.  19 Unemployment compensation 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22  Adjusted Gross Income  23 Educator expenses (see page 26) 23  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) 25  Student loan interest deduction (see page 28) 26  27 Tuition and fees deduction (see page 29) 27  28 Health savings account deduction. Attach Form 8889 29  Moving expenses. Attach Form 3903 29  30 One-half of self-employment tax. Attach Schedule SE 30  31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans 32  33 Penalty on early withdrawal of savings 33  34a Alimony paid b Recipient's SSN ▶ 34a  35 Add lines 23 through 34a 35	If you did not							14		
Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose or (loss). Attach Schedule F.  10 Unemployment compensation  117  120  120  220  221  222  Add the amount (see page 24)  221  222  Add the amounts in the far right column for lines 7 through 21. This is your total income P  22 Educator expenses (see page 26)  23 Educator expenses (see page 26)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  1RA deduction (see page 26)  25 IRA deduction (see page 29)  26 Student loan interest deduction (see page 28)  26 Student loan interest deduction (see page 29)  27		15a	IRA distributions 15a							
Enclose, but do not attach, any payment. Also, please use Form 1040-V.  18 Farm income or (loss). Attach Schedule F.  19 Unemployment compensation  20a Social security benefits	see page 19.	16a	Pensions and annuities 16a	b	Taxable am	ount (see pag	e 22)	16b		
payment. Also, please use Form 1040-V.  19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ≥ 22  Adjusted Gross Income  23 Educator expenses (see page 26) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) 26 Student loan interest deduction (see page 28) 27 Tuition and fees deduction (see page 29) 28 Health savings account deduction. Attach Form 8889. 29 Moving expenses. Attach Form 3903 30 One-half of self-employment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 34 Alimony paid b Recipient's SSN ▶ 35 Add lines 23 through 34a  36 Add lines 23 through 34a  37 Add lines 23 through 34a  38 Income  19 20b 20b 21 20c 21 22  23   24   25   25   26   27   27   30   31   32   32   33   34a   35   34a   35   35   36		17		S corporations, tru	sts, etc. At	tach Sched	ule E			₩
please use Form 1040-V.  20a Social security benefits . 20a   b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22  Adjusted Gross Income  23 Educator expenses (see page 26) . 23  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 18 A deduction (see page 26) . 25  18 A deduction (see page 26) . 26  25 IRA deduction (see page 28) . 26  26 Student loan interest deduction (see page 28) . 27  28 Health savings account deduction. Attach Form 8889 . 28  29 Moving expenses. Attach Form 3903 . 29  30 One-half of self-employment tax. Attach Schedule SE . 30  31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans . 32  33 Penalty on early withdrawal of savings . 33  Add lines 23 through 34a			` '							$\vdash$
21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶  23 Educator expenses (see page 26)	please use									$\vdash$
Adjusted Gross Income  22	Form 1040-V.									
Adjusted Gross  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Income  25 IRA deduction (see page 26)			Add the amounts in the far right column for	lines 7 through 21.	This is you	r total inco	ne ▶	22		
Gross   24   Certain business expenses of reservoists, periodining attists, and fee-basis government officials. Attach Form 2106 or 2106-EZ   25   25   26   27   28   Health savings account deduction (see page 29)	A alternational	23	Educator expenses (see page 26)		23					
Income  25 IRA deduction (see page 26)	-	24	Certain business expenses of reservists, perfor	ming artists, and						
26 Student loan interest deduction (see page 28)										
Tuition and fees deduction (see page 29)	income		, , , <del>,</del> , , ,				+			
Health savings account deduction. Attach Form 8889.  Health savings account deduction. Attach Form 8889.  Moving expenses. Attach Form 3903.  One-half of self-employment tax. Attach Schedule SE.  Self-employed health insurance deduction (see page 30)  Self-employed SEP, SIMPLE, and qualified plans.  Penalty on early withdrawal of savings.  Alimony paid b Recipient's SSN Add lines 23 through 34a.							+			
29 Moving expenses. Attach Form 3903			, , , , , , , , , , , , , , , , , , , ,							
30 One-half of self-employment tax. Attach Schedule SE . 31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans . 33 Penalty on early withdrawal of savings . 34a Alimony paid b Recipient's SSN ▶										
31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans			-		30					
33 Penalty on early withdrawal of savings					31					
34a Alimony paid <b>b</b> Recipient's SSN ► 34a 35 Add lines 23 through 34a		32	Self-employed SEP, SIMPLE, and qualified	d plans						
35 Add lines 23 through 34a		33					+			
35 Add lines 23 through 34a								25		
			Subtract line 35 from line 22. This is your	adjusted gross in	 ncome					+

Form 1040 (2004)			Page 2
Tax and	37	Amount from line 36 (adjusted gross income)	37
Credits	38a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		if:	
Standard Deduction	39	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b LItemized deductions (from Schedule A) or your standard deduction (see left margin)	39
for—	40	Subtract line 39 from line 37	40
People who checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 32	41
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972	43
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251	44 45
All others:	45 46	Add lines 43 and 44	45
Single or Married filing	47	Credit for child and dependent care expenses. Attach Form 2441	
separately, \$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48	
Married filing	49	Education credits. Attach Form 8863	
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880	
widow(er),	51	Child tax credit (see page 37)	-
\$9,700 Head of	52	Adoption credit. Attach Form 8839	-
household,	53	Credits from: a Form 8396 b Form 8859 53	-
\$7,150	54	Other credits. Check applicable box(es): a  Form 3800 b Form 8801 c Specify 54	
	55	Add lines 46 through 54. These are your total credits	55
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0 ▶	56
Other	57	Self-employment tax. Attach Schedule SE	57
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59 60
	60 61	Advance earned income credit payments from Form(s) W-2	61
	62	Add lines 56 through 61. This is your <b>total tax</b>	62
Payments	63	Federal income tax withheld from Forms W-2 and 1099 63	
	64	2004 estimated tax payments and amount applied from 2003 return  64	-
If you have a gualifying	65a	Earned income credit (EIC)	-
child, attach	b	Nontaxable combat pay election   65b  Excess social security and tier 1 BRTA tax withheld (see page 54)	
Schedule EIC.	66 67	Excess social security and tier 1 RRTA tax withheld (see page 54)  Additional child tax credit. Attach Form 8812	
	68	Amount paid with request for extension to file (see page 54)	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	71
Direct deposit?	72a	Amount of line 71 you want <b>refunded to you</b>	72a
See page 54 and fill in 72b,	► b ► d	Routing number	
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax   73	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74
You Owe	75	Estimated tax penalty (see page 55)	
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 56)?   Yes.	Complete the following.   No
Designee	Des nan	signee's Phone Personal identificence ► no. ► ( ) number (PIN)	eation •
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, an	
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w ur signature   Date   Your occupation	Daytime phone number
Joint return? See page 17.	100	Date Tour occupation	baytime phone number
Кеер а сору	Sno	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	
for your records.	<b>J</b>	Opodoo S Goodpation	
Paid		parer's Date Check if	Preparer's SSN or PTIN
Preparer's		nature self-employed self-employed	
Use Only	you	n's name (or Interpretation of the control of the c	( )
	ado	dress, and ZIP code P Phone no.	( ) Form <b>1040</b> (2004)